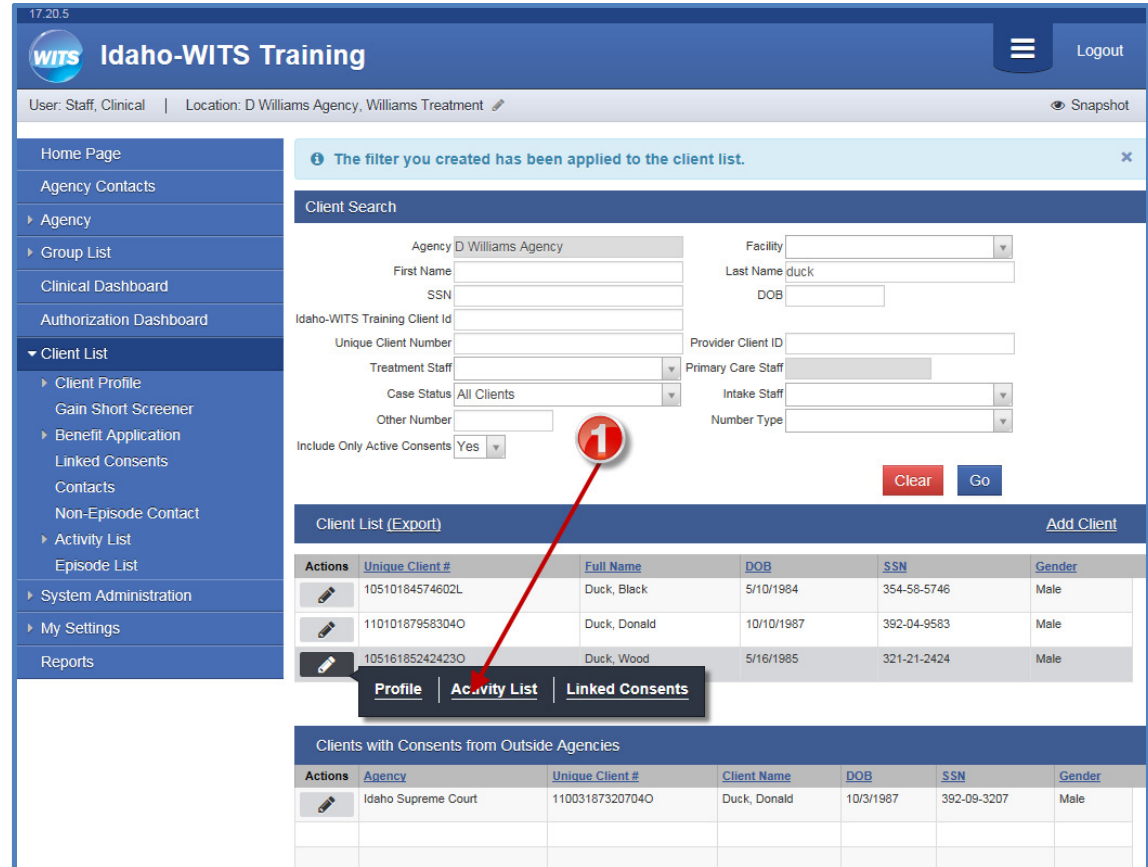# Discharge Guide per IDAPA for State Funded Clients

NOTE: IDHW & IDOC often require notification through Authorization Change Requests of a client discharging from your agency. Please go to the WITS Website www.wits.idaho.gov, under WITS User Guides, Authorization Change Requests, to review the overview and processes document that applies to the client's discharge situation.

NOTE: When a client drops out of service or has not shown, use the last known information about the clients situation when entering discharge information. Sometimes this information will be the same as the admission information.

1. **Getting here:** Login, select the **Facility**, select **Client List** on the Navigation Pane (left menu) to generate the Client Search Screen, find client, **hover over the** ✏️ **and select Activity List**.

2. Click **<u>Discharge</u>** on the Navigation Pane.

3. Update **Date Discharged** (the date defaults to the end date of the last Program Enrollment) and the **Discharge Staff** if needed.
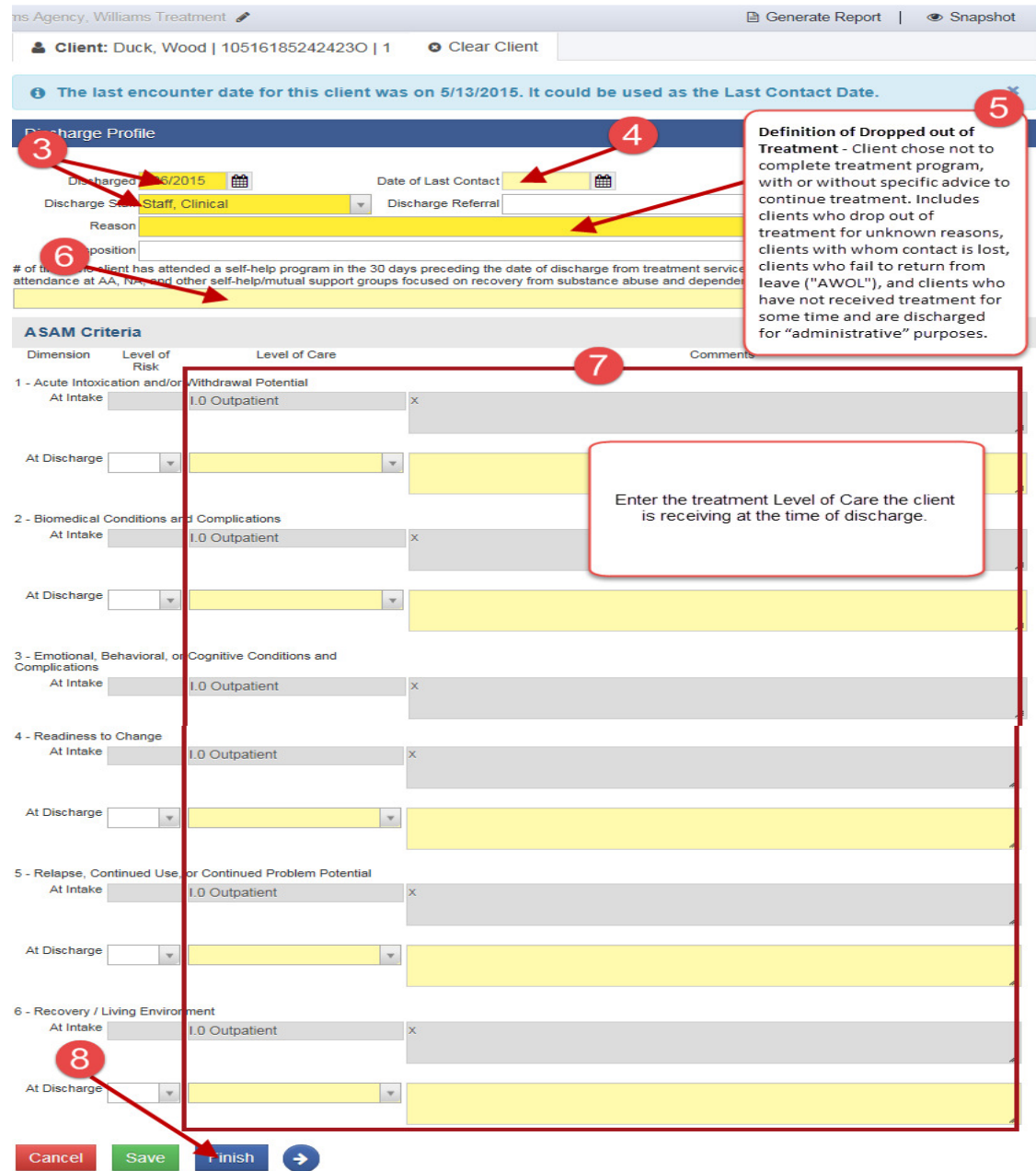
4. Complete the **Date of Last Contact.**

5. Select the **Reason** if necessary (the Reason defaults to the Disenrollment Type selected on the last Program Enrollment). *Dropped out of Treatment definition: client chose not to complete treatment program, with or without specific advice to continue treatment. Includes clients who drop out of treatment for unknown reasons, clients with whom contact is lost, clients who fail to return from leave ("AWOL"), and clients who have not received treatment for some time and are discharged for "administrative" purposes.*

6. Complete **# of times the client has attended a self-help program in the 30 days preceding the date of discharge from treatment services**.

7. Enter the **ASAM Level of Care** and **Comments** for each Dimension.

8. Click [→] .

9. Update the **# of Arrests in 30 days before Discharge** if necessary.

10. Click .

11. Complete all **Status at Discharge fields**. *Employment Status –Only one selection is allowed. Labor force activities (such as working or looking for work) take precedence over non-labor force activities (such as student and homemaker).* **Unemployed definition**: *looking for work during the past 30 days or on layoff from a job.* **Expected Payment Source**: *select the payment source with the largest percentage.*

12. Click .

13. Update the **Substance**, **Severity**, **Frequency**, and **Method** for each substance. *The primary substance with the most severe rating may be different than the primary substance at Admission.*

14. Complete **Was Methadone Maintenance Part of TX**.

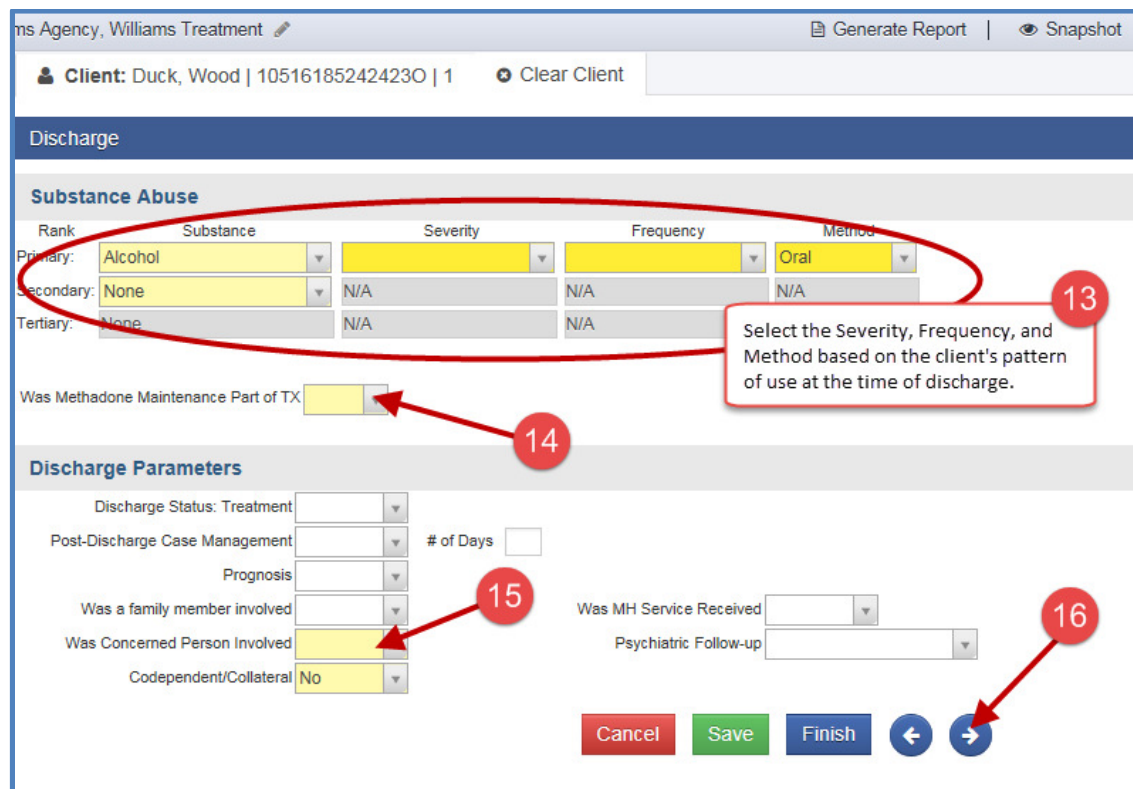**15.** Complete **Was Concerned Person Involved**.

16. Click [→] .

17. Enter **Strengths, Abilities, Needs, and Preferences of Person Served**. Include a description of the client's status and progress at the time of discharge. The description should include: employment, living arrangements, motivation, stages of changes for each substance identified as being treated, responsiveness to treatment modalities used, other treatment modalities used and responsiveness to them, abstinence, overall progress towards treatment goals, etc.

18. Enter **Recommendations** for referrals made on behalf of the client and any services that will continue after discharge.

19. Click Finish.

ms Agency, Williams Treatment ✎   📄 Generate Report | 👁 Snapshot

👤 **Client:** Duck, Wood | 105161852424230 | 1   ⊗ Clear Client

Discharge

Treatment Summary

Presenting Problem (In Client's Own Words):   needs hel

Strengths, Abilities, Needs, and Preferences of Person Served - (

17 — Enter a description of the client's status and progress at the time of discharge. The description should include: employment, living arrangements, motivation, stages of change for each substance identified as being treated, responsiveness to treatment, modalities used, other treatment modalities used and responsiveness to them, abstinence, overall progress towards treatment goals, etc.

Program Enrollment

Program Name	Start Date	End Date	Facility	Notes
Adult GAIN-I Assessment	5/8/2015	5/26/2015	Williams Treatment	

Services Rendered

Service	# Sessions
Alcohol or Drug Assessment	

18 — Document any referrals made on behalf of the client and any services that will continue after discharge.

Recommendations

19

Cancel   Save   Finish   ←